24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	C C00489815
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yayaya
Full Name of Payee Prism Communications Inc	Date of Public Distribution/Dissemination
	07 01 7 2014
Mailing Address 1000 Potomac Street NW	Amount
City State Zip Code	490000.00
Washington DC 20007	Transaction ID : B500109 Date of Disbursement or Obligation
Purpose of Expenditure TV and online advertising Category/ Type 004	07
Name of Federal Candidate Support Office	e Sought: House District:
Thomas Cotton Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
Tel Election of Office Godgitt	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	490000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	490000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	07 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	